



*Dental*

**IHCP 2019**  
Annual Seminar

  
**CareSource**<sup>®</sup>

# *CareSource & SkyGen Dental*

CareSource partners with SkyGen Dental, formerly known as Scion, to enhance efficiency and consistency of our Dental Management Services.

SkyGen manages:

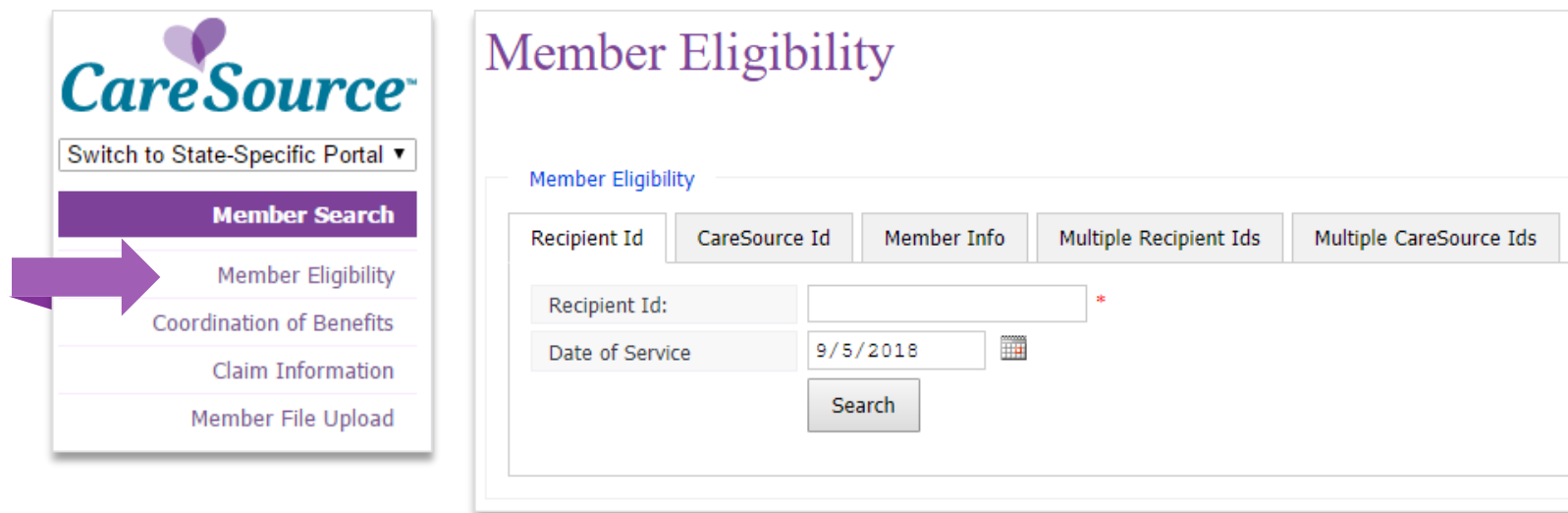
- Claims payment
- Prior Authorization
- Electronic Funds Transfer (EFT)
- Portal issues

CareSource manages:

- Member-related concerns such as claim issues, covered services and patient eligibility
- Contracting with dental providers



# Verifying Eligibility



**CareSource™**

Switch to State-Specific Portal ▾

**Member Search**

Member Eligibility

Coordination of Benefits

Claim Information


Member File Upload

## Member Eligibility

Member Eligibility

Recipient Id   CareSource Id   Member Info   Multiple Recipient Ids   Multiple CareSource Ids

Recipient Id:  \*

Date of Service:  

Search

Use the Indiana Health Coverage Programs (IHCP) Provider Portal, SkyGen Provider Portal or CareSource Provider Portal to verify eligibility.

***Verify eligibility before every visit.***



# ***SkyGen Dental Provider Portal***

To access the SkyGen Dental Portal:

- Log in to the CareSource Provider Portal, click on the “Dental Provider Login” link under the “Providers” heading, and register, or
- Access the Scion portal directly at <https://pwp.sciondental.com/PWP/Landing>



# ***SkyGen Dental Provider***

## Portal Functions

**Some of the time-saving functions of the Dental Provider Web Portal include:**

- View member service history, covered benefits and fee schedules.
- Create a member eligibility calendar and view real-time eligibility for multiple members.
- View authorization guidelines and required documentation prior to submitting authorizations.
- Submit authorizations with attachments for faster determinations.

For member eligibility verification and dental history (including the specific tooth and surface areas to all dental procedure codes), you may also visit the CareSource Provider Portal at <https://providerportal.caresource.com/IN/User/Login.aspx> .



# ***SkyGen Dental Portal***

## Questions

Contact the web portal team at  
[ProviderPortal@scion.com](mailto:ProviderPortal@scion.com) for issues related to  
Portal access.



# ***Dental Claims***

**Online:** <https://pwp.sciondental.com/PWP/Landing>.

**Electronic Data Interchange (EDI) Payer ID:** INCS1

**Paper:**

CareSource

Attn: Claims Department

P.O. Box 3607

Dayton, OH 45401-3607



# *Timely Filing*

- For in-network providers, claims must be submitted within **90 calendar days** of the date of service or discharge.
- For out-of-network providers, claims must be submitted *within* **180 calendar days** of the date of service or discharge.

**NOTE:** CareSource is operating as an open network for dental services.





# *Electronic Funds Transfer*

We encourage our dental health partners to enroll in SkyGen's Dental Electronic Funds Transfer (EFT) to enjoy efficient and reliable claim payments.

Visit <https://pwp.sciondental.com/PWP/Landing> to enroll for EFT payments (registration on the Dental Portal is required).

**NOTE:** Dental EFT services are not available on the CareSource provider portal. This is accessed via SkyGen's portal.



# ***Dental Claim Disputes***

- The health partner must complete a claim dispute prior to requesting an appeal. The claim dispute form can be located within the Dental Health Partner Manual at **CareSource.com**.
- The dispute must be submitted within **60 days** after the health partner's receipt of the written determination of the claim.

## **Claim disputes must be submitted in writing:**

- Use the Claim Dispute form located in the Dental Health Partner Manual

CareSource

Attn: Grievance and Appeals

PO Box 1947

Dayton, OH 45401-1947



# ***Dental Claim Appeals***

Health partners may only submit appeals after completing the claim dispute process as previously outlined.

Appeals must be submitted within **60 days** of the resolution of the informal dispute process.

- CareSource must issue a written decision within **45 days** of receipt of the written request for appeal.
- If the appeal is not resolved within the 45 day time frame, the appeal will approved in favor of the provider.



# ***Dental Claim Appeals***

Use the Claim Appeal form in the Dental Health Partner manual. Please include:

- Member's name and Recipient ID number (RID)
- Health partner's name, Tax Identification Number and NPI number
- Codes and reasons the determination should be reconsidered
- Any additional available medical information that supports your request to reverse the determination or that supports medical necessity



# ***Dental Services***

## Services Requiring Prior Authorization

- Orthodontia treatment
- Complete dentures and partial dentures
- Frenulectomy/frenulotomy
- Periodontal treatment
- Gingivectomy/Gingivoplasty
- All unspecified and miscellaneous dental codes

CareSource follows the Indiana Administrative Code for Medicaid Services definition of “medically necessary services” for coverage determinations (405 IAC 5-2-17).

For the dental services listed above that require prior authorization, CareSource utilizes the dental criterion defined in the Dental Services Provider Reference Module located at <http://provider.indianamedicaid.com/general-provider-services/provider-reference-materials.aspx> .



# ***Prior Authorization***

**Online:** Dental health partners may submit prior authorizations online at <https://pwp.sciondental.com/PWP/Landing>.

**Paper:**

CareSource IN: Authorizations

P.O. Box 745

Milwaukee, WI, 53201

Contact CareSource Health Partner Services at **1-844-607-2831** for any questions regarding prior authorizations.



# ***How to Reach Us***

<b>Provider Services</b>	<b>1-844-607-2831</b>
<b>Hours</b>	Monday to Friday 8 a.m. to 8 p.m. (EST)
<b>Member Services</b>	<b>1-844-607-2829</b>
<b>Hours</b>	Monday to Friday 8 a.m. to 8 p.m. (EST)



## CareSource Health Partner Engagement Representatives

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Mandy Bratton – South  
317-209-4404

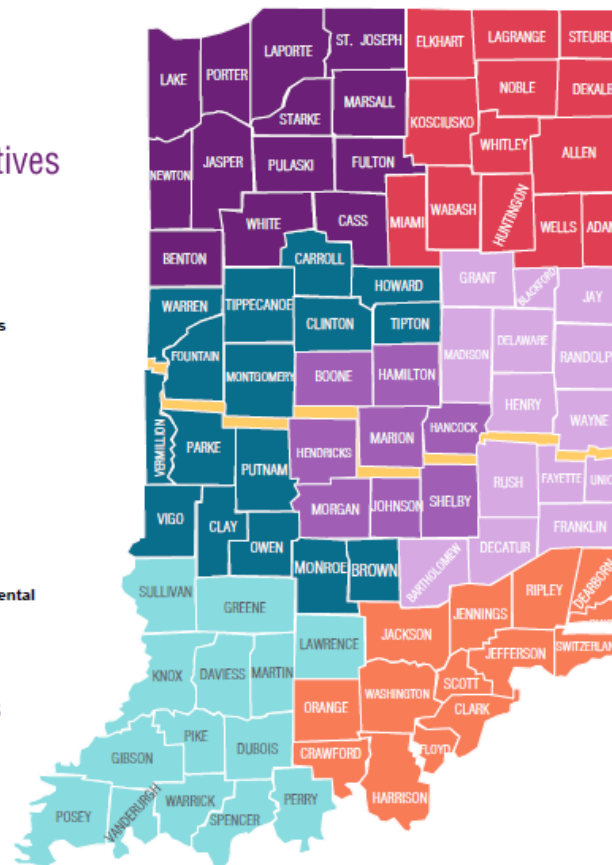
[Mandy.Bratton@caresource.com](mailto:Mandy.Bratton@caresource.com)

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KentuckyOne, Norton, Baptist  
Health Floyd





*Thank you!*



# *Session Survey*

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1025>

